

**CLAIMS ONLY**

Application Number

Filing Date

Applicant(s)

CLAIMS	AS FILED	AFTER FIRST	AFTER SECOND
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\* May be used for additional claims or amendments

	AMENDMENT		AMENDMENT		AMENDMENT		AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep			2					
Total Depend			15					
Total Claims			17					